

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10577023

FILING DATE

ATTY/LICEN(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			1			
2							52			1			
3							53			1			
4							54			1			
5							55			1			
6							56			1			
7							57			1			
8							58			1			
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11							61			1			
12							62			1			
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14							64			1			
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17							67			1			
18							68			1			
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20							70			1			
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													